BEST AVAILABLE COPY SERIAL NO. FILING DATE **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT **AS FILED** IND. DEP. IND. DEP. DEP. IND. DEP. DEP. IND. DEP. IND.

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" MAY BE	USED FOR	ADDITIONAL	CLAIMS OR	ADMENDMENTS

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TOTAL

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FORM **PTO-1360** (REV. 3-78)

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TOTAL IND.

TOTAL DEP.

TOTAL 200

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